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PÄTENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0944996

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column)	1	CONT	IHI 21	۱ ا	RATE	FEE	Un I	RATE	FEE	
					40.000			BASIC FEE	355.00		BASIC FEE	710.00	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BAGIC PEE	710.00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/O minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Ĺ	SMALL	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /3	Minus	1	b	- 9		X\$ 9=		дя	X\$18=		
	Independent	.7	Minus	••• (0	- 5		X40=		OR	7. X80=	/	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		j	+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)	•	(Colu	ımn 2)	(Column 3)	ADDIT. FEET			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUA PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	7 OL ADA	l-	4	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	OLTIPLE DEP	FUDEN	I CLAIM		_j	+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		72		X\$ 9=		OR	X\$18=	:	
	Independent	•	Minus	•••		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 		1		1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Hirthest Number Previously Paid For IN THIS SPACE is isses than 20, enter "20." ADDIT ESS													
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												